

**IOWA STATE TRAPSHOOTING ASSOCIATION
HALL OF FAME NOMINEE RESUME FORM**
Contributory Merit Resume (ISTA Form CM1)

Name of Nominee: _____

State of Residence: _____

Current or Last Known Address: _____

Phone Number: _____

Active Shooter

First Year ATA Targets Registered: _____

Retired Shooter

Last Year ATA Targets Registered: _____

Deceased

Years in ATA: _____ Years in ISTA: _____ Years IA Resident: _____

Date of Death if deceased: _____

A. ISTA and ATA Offices Held:
(Year – Position Held)

B. Major Contributions to the ISTA: (Please be specific)
(You may add additional sheets if required)

C. Major Contributions to the ISTA:
(You may add additional sheets if required)

D. Other Contributions to the Sport of Trapshooting:
(You may add additional sheets if required)

E. Signature of Person Submitting Resume: _____

F. Phone Number of Person Submitting Resume: _____

Mail to: Iowa State Trapshooting Association
Attn: ISTA HOF Secretary
PO Box 128
Aplington, IA 50604-0128